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## PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

Application or Docket Number  
10/500596

CLAIMS AS FILED - PART I

{Column 1}

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.10(a))		
TOTAL CLAIMS (37 CFR 1.10(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.10(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.10(d))		

RATE	FEE
	\$
X \$	
X \$	
X \$	
TOTAL	

RATE	FEE
	\$.
x \$	
x 1	
x \$	
TOTAL	

\* If the difference in column 1 is less than zero, enter '0' in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

(114)

OTHER THAN  
SMALL ENTITY

AMENDMENT A	1-24-'05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR § 1.611)	12	Minus	20	/
	Independent (37 CFR § 1.611)	2	Minus	3	/

FIRST PRIORITY CLAIM OF MULTIPLE DEPENDENT CLAIM (37 CFR § 1.611)

DATE	ADDITIONAL FEE
X \$ <u>25</u> .	
X \$ <u>100</u> .	
X \$ _____	
TOTAL	
ADDITIONAL FEE	

SMALL ENTITY	
RATE	ADDITIONAL FEE
1.50	
2.00	
TOTAL	ADDITIONAL FEE

FIRST THE SERIAL NO. OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.16(d)

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (1) C + (2) =	+	Minus	+
Independent (1) C + (2) =	+	Minus	+

FIRST INDEPENDENT PLUS SECOND DEPENDENT CLAIM (1) C + (2) =

RATE	ADDITIONAL FEE
1 \$ _____	
1 \$ _____	
1 \$ _____	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
1 1/2	
1 1/2	
1 1/2	
TOTAL	ADDITIONAL FEE

FOR THE FIRST TIME, A QUANTITATIVE DEPENDENT QUANTUM EFFECT HAS BEEN

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	FEE SCHEDULE
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
16	16	16	16
17	17	17	17
18	18	18	18
19	19	19	19
20	20	20	20
21	21	21	21
22	22	22	22
23	23	23	23
24	24	24	24
25	25	25	25
26	26	26	26
27	27	27	27
28	28	28	28
29	29	29	29
30	30	30	30
31	31	31	31
32	32	32	32
33	33	33	33
34	34	34	34
35	35	35	35
36	36	36	36
37	37	37	37
38	38	38	38
39	39	39	39
40	40	40	40
41	41	41	41
42	42	42	42
43	43	43	43
44	44	44	44
45	45	45	45
46	46	46	46
47	47	47	47
48	48	48	48
49	49	49	49
50	50	50	50
51	51	51	51
52	52	52	52
53	53	53	53
54	54	54	54
55	55	55	55
56	56	56	56
57	57	57	57
58	58	58	58
59	59	59	59
60	60	60	60
61	61	61	61
62	62	62	62
63	63	63	63
64	64	64	64
65	65	65	65
66	66	66	66
67	67	67	67
68	68	68	68
69	69	69	69
70	70	70	70
71	71	71	71
72	72	72	72
73	73	73	73
74	74	74	74
75	75	75	75
76	76	76	76
77	77	77	77
78	78	78	78
79	79	79	79
80	80	80	80
81	81	81	81
82	82	82	82
83	83	83	83
84	84	84	84
85	85	85	85
86	86	86	86
87	87	87	87
88	88	88	88
89	89	89	89
90	90	90	90
91	91	91	91
92	92	92	92
93	93	93	93
94	94	94	94
95	95	95	95
96	96	96	96
97	97	97	97
98	98	98	98
99	99	99	99
100	100	100	100

RATE	ADDITIONAL FEE
1 \$ _____	
2 \$ _____	
3 \$ _____	
TOTAL \$ (00) (00)	

RATE	ADDITIONAL FEE
1 \$ _____ :	
2 \$ _____ :	
4 \$ _____ :	
TOTAL ADDITIONAL FEE	

### FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D) CFI 116(1)

\* If I do not know, or am unsure, I will say "I don't know" or "I'm not sure."

<sup>11</sup> If the 'highest form of poverty' paid for by the NHS SPAC is less than 20 per cent '20'

\*\*\* *U. p. longicauda* N. sp. from the Pacific Northwest (USFWS) is less than 1 meter in

The *Intermittent and Periodic Food or Fertilizer Application* is the highest number found in the appropriate box or column.

[illegible]

11. *Abstracts of papers presented at the 1998 Annual Meeting of the American Psychological Association, Washington, DC, August 1-5, 1998.*

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